Department of Education
Region VI – Western Visayas
DIVISION OF AKLAN
Archbishop G.M. Reyes St., Kalibo, Aklan

Division Memorandum
No. 240, s. 2017

To : **Education Program Supervisor – ALS**
Public Schools District Supervisors/
Principals In-Charge of the Districts/
Head Teacher In-Charge of the District
Education Program Specialists II – ALS
District ALS Coordinators
ALS Mobile Teachers

From : **Dr. ERNESTO F. SERVILLON, Jr., MNSA, CESO VI**
Asst. Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Subject : **Preparation for the Alternative Learning System Accreditation and Equivalency (ALS A&E) Test Registration**

Date : October 3, 2017

Pursuant to the Deped Memorandum DM-CI-2017-00312 from the Office of the Undersecretary for Curriculum and Instruction Dr. Lorna Dig Dino, Officer-In-Charge, dated September 29, 2017 re: Preparation for the Accreditation and Equivalency (A&E) Test Registration, DepEd - Division of Aklan will be conducting a Division Orientation on October 6, 2017, 8:00 am to 5:00 pm at Kusina sa Kalibo, D. Maagma St., Kalibo, Aklan.

Attached herewith is the DepEd Memorandum from the Office of the Undersecretary.

The participants are the District ALS Coordinators and Mobile Teachers.

Related expenses will be charged to Local Funds, subject to usual government accounting and auditing rules and regulations.

Immediate dissemination of this Memorandum is desired.

Reference: DepEd Memorandum DM-CI-2017-00312
Enclosure: As Stated
To be indicated in the Perpetual Index under the following subjects:

ALTERNATIVE LEARNING SYSTEM **ACCREDITATION AND EQUIVALENCY TEST**

AZZ/mtll

"May katawhayan ag kalipayan sa among mga escuelahan."

Republic of the Philippines
Department of Education
DepEd Complex, Meralco Avenue, Pasig City, Philippines
Direct Line: (632) 633-7202/687-4146 Fax: (632) 631-5057
E-mail: lorna.dino@deped.gov.ph Website: www.deped.gov.ph

Undersecretary for Curriculum and Instruction

MEMORANDUM
DM-CI-2017-00312

To: Bureau Directors
Directors of Services, Centers and Heads of Units
Regional Directors
Schools Division Superintendents
All Others Concerned

From: **LORNA DIG DINO, Ph.D.**
Director IV
Officer-in-Charge, Office of the Undersecretary
for Curriculum and Instruction

Subject: **Preparation for the Accreditation and Equivalency (A&E) Test Registration**

Date: September 29, 2017

The Department of Education (DepEd), through the Bureau of Education Assessment (BEA) will conduct the Accreditation and Equivalency (A&E) Test in two levels: elementary and junior high school.

To ensure the smooth conduct of A&E Test registration, please refer to the table below for the procedures:

CONDUCT OF A&E TEST REGISTRATION	
1. When to register?	The registration period for the A&E Test is from **October 2 to 25, 2017.**
2. Where to register?	Schools Division Offices (SDOs) or District Offices (DOs) identified by the Schools Division Superintendent (SDS) shall serve as Registration Centers.
3. Who are qualified to register?	Applicants for A&E Test Elementary Level should be at least 12 years old and at least 16 years old for the Junior High School. Pursuant to D.O. 55, s. 2016, the following may register: 1. Learners in the Alternative Learning System; a. 2016 ALS Program Completers b. Non-passers in the previous A&E Tests who completed ALS Program

	c. Those who completed ALS program but did not take the A&E Test in the previous test administration 2. Out of School Children and Youth who are prepared for assessment; and 3. Adults who are seeking for Certification of Learning. For those who wish to take A&E Test- Junior High School level without the elementary certificate, they shall be advised to take certification for elementary level first.
4. What are the documents needed for registration?	Registration requirements are as follows: 1. Original and Photocopy of Certification of ALS Program Completion issued by the Learning Facilitator* (*For ALS Learners only*) 2. Original and Photocopy of Birth Certificate (NSO/PSA); 3. If copy of Birth Certificate from the Philippine Statistics Authority (formerly National Statistics Office) is not available, any of the following documents can be presented: i. Baptismal Certificate; ii. Voter's ID (with picture and signature); iii. Valid Passport; iv. Valid Driver's License; and v. Any legal document bearing the applicant's picture, name and signature (e.g. NBI Clearance, Barangay certificate, certification issued by barangay leaders/chieftain or learning facilitator) 4. Two 1x1 identical ID Photo (white background with name tag) **See Enclosure 1*
5. How to register?	The test applicant shall: 1. go to the designated Registration Center and look for the Registration Committee to secure a registration form (Enclosure 2). 2. personally accomplish the Registration Form at the Registration Center. Please refer to Enclosure 3 for the detailed procedure in accomplishing the form. 3. present the accomplished Registration form, together with the complete requirements to the Registration Committee for evaluation of documents. 4. receive the applicant's copy (lower portion of the registration form) for safekeeping and presentation to the examiner on the testing day.

	In hard to reach/ far-flung areas, learning facilitators may gather applicants in one assembly and assist them in the registration. They shall secure the accomplished forms and the required documents for submission on behalf of the applicants to the Registration Committee in the SDO or DO. After the evaluation of documents, learning facilitators shall ensure safekeeping and distribution of all the applicants' copy to the examinees on or before the testing day. **NO PAYMENT SHALL BE COLLECTED** by anyone involved in the A&E Test Registration, Administration and issuance of certificate of rating.
6. Who will manage the registration and how?	The Schools Division Superintendent (SDS) shall designate a **Registration Commitee**, which consists of a Registration Officer, a co-registrar and a support staff. They should have experience in the conduct of BEA testing program. They will facilitate the registration process by doing the following: a. report to the Registration Center from October 2-18, 2017 from 8:00 a.m. to 5:00 p.m., including weekends. b. interview the prospective applicants to determine if they are qualified to register. c. distribute the registration forms to qualified applicants. d. explain how the registration form will be accomplished (but will not accomplish it for the applicant). e. check if registration forms are duly accomplished by the applicant, making sure that there are no blank spaces and errors in the form. f. certify that all information supplied in the registration form are based on the submitted requirements. g. report to the Division Testing Coordinator (DTC) any applicants with incomplete requirements or questionnable documents. h. fill out the name of the testing center in the registration form. i. detach the lower part of the registration form and returns it to the registrant for use as admission document on the testing day. j. prepare the masterlist of registrants for submission to the SDS (See Enclosure 4). k. sign and submit the list to the Division Testing Coordinator (DTC). The DTC shall submit the list to BEA to prepare the national allocation of test materials. The submitted list should be signed by the Registration Officer, DTC and SDS.

	Expenses for the reproduction of registration forms shall be charged in the contingency funds as prepared in the budget estimates during the National Assessment Conference for A&E Test.
7. Who else can help the registrants in the registration process and how?	ALS mobile Teachers and District ALS Coordinators/Focal persons in the Schools Division Offices (SDOs)/District Offices (DOs) may help in the dissemination of information and distribution of registration form. They are also requested to facilitate the issuance of Certificate of ALS Program Completion for ALS Learners.
8. Who will monitor/supervise the registration?	The Regional Testing Coordinator (RTC) and the Division Testing Coordinator (DTC) will monitor the registration process in the SDOs and DOs.

Please submit the name of the **registration center**, its address, registration committee and their contact details to bea.ead@deped.gov.ph in this format signed by the DTC and certified true and correct by the SDS on or before October 27, 2017:

Region	Division	Name of Registration Center	Address	Registration Committee					
				Registration Officer		Co-registrar		Support Staff	
				Name	Contact Details	Name	Contact Details	Name	Contact Details

Also, kindly submit the name of the designated **testing center/s**, its/their address/es, chief examiner (school head), and his/her contact details in this format signed by the DTC and certified true and correct by the SDS on or before October 27, 2017:

Region	Division	Name of Testing Center (School)	Address	Chief Examiner	Mobile/ CP #	E-mail Address

Soft copy of enclosures of this memo will be sent to the DTCs thru e-mail by the Bureau of Education Assessment- Education Assessment Division. Enclosure 2- Registration form is for reproduction ASAP.

This serves as an advance information. A separate memo on test administration procedures shall also be issued.

Immediate dissemination of this memorandum is desired.

Enclosure No. 1

Republic of the Philippines
Department of Education
Division of _____
Region _____

CERTIFICATE OF ALS PROGRAM COMPLETION

This is to certify that _____ of _____
(Name) *(Address)*

_____ has satisfactorily completed _____
(Specify ALS Program Level Completed)

at _____ in _____
(Learning Center) *(Address of Learning Center)*

on _____.
(Date of ALS Program Completion)

This certification is issued as one of the requirements for the Accreditation and Equivalency (A&E) Test application.

_____
Signature over Printed Name
Learning Facilitator

*Not Valid Without the SDO Dry Seal

A&E Form 1 — *Copy for Registration Officer*

1x1 ID Photo with Name Tag

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT
2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

ACCREDITATION AND EQUIVALENCY (A&E) TEST

Registration Form

Write Legibly. Put X on the applicable items. | Registration Date

Surname | Given Name | M.I.

Birthdate (Month / Day / Year) | Learner Reference Number | Civil Status: ☐ Single ☐ Married ☐ Separated | Gender: ☐ Male ☐ Female

Home Address

Region | Division | Learning Center

ALS Program Completed (Pls. Specify)

A&E Test Applying for: ☐ Elementary Level ☐ Junior High School

To be accomplished by the Registration Officer

Proof of Identity | Contact Number | Name and Address of Testing Center

I Certify that I validated the information supplied by the applicant in this form based on the required attachments.

Registration Officer's Signature Over Printed Name

I certify that all information in this form are TRUE and CORRECT.

Applicant's Signature Over Printed Name

Required Attachments: ☐ Proof of Identity ☐ ALS Program Certification (if any) ☐ Portfolio Rating Certification ☐ Proof of Birth (NSO, Passport, Any legal Documents)

A&E Form 1 — *Applicant's Copy*

1x1 ID Photo with Name Tag

Republic of the Philippines
Department of Education
BUREAU OF EDUCATION ASSESSMENT
2nd Flr., Bonifacio Bldg., Meralco Ave., Pasig City 1600

ACCREDITATION AND EQUIVALENCY (A&E) TEST

Registration Form

Write Legibly. Put X on the applicable items. | Registration Date

Surname | Given Name | M.I.

Birthdate (Month / Day / Year) | Learner Reference Number | Civil Status: ☐ Single ☐ Married ☐ Separated | Gender: ☐ Male ☐ Female

Home Address

Region | Division | Learning Center

ALS Program Completed (Pls. Specify)

A&E Test Applying for: ☐ Elementary Level ☐ Junior High School

To be accomplished by the Registration Officer

Proof of Identity | Contact Number | Name and Address of Testing Center

I Certify that I validated the information supplied by the applicant in this form based on the required attachments.

Registration Officer's Signature Over Printed Name

I certify that all information in this form are TRUE and CORRECT.

Applicant's Signature Over Printed Name

Required Attachments: ☐ Proof of Identity ☐ ALS Program Certification (if any) ☐ Portfolio Rating Certification ☐ Proof of Birth (NSO, Passport, Any legal Documents)

Republic of the Philippines
Department of Education
Region _____
Division of _____

Accreditation and Equivalency (A&E) Test

List of Registrants

Testing Center: _____ Address: _____

Region & Division Code: _____ A&E Test Level: **ELEMENTARY**

Summary of Registrants M _____ **Total:** _____

F _____

No.	Name	Age	Birthdate	Gender	Documents Submitted *(Check the appropriate Column)*			Program
					ALS Course Certificate	Proof of Identity	Proof of Birth	ALS/ Non-ALS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Prepared by:

_____
Registration Officer (Signature Over Printed Name)

Evaluated by:

_____
Division Testing Coordinator (Signature over Printed Name)

Certified True and Correct:

_____
Schools Division Superintendent (Signature Over Printed Name)

Republic of the Philippines
Department of Education
Region _____
Division of _____

Accreditation and Equivalency (A&E) Test
List of Registrants

Testing Center: _____ Address: _____
Region & Division Code: _____ A&E Test Level: **JUNIOR HIGH SCHOOL**

Summary of Registrants **M** _____ **Total:** _____
F _____

No.	Name	Age	Birthdate	Gender	Documents Submitted *(Check the appropriate Column)*			Program
					ALS Course Certificate	Proof of Identity	Proof of Birth	ALS/ Non-ALS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Prepared by:

_____
Registration Officer (Signature Over Printed Name)

Evaluated by:

_____
Division Testing Coordinator (Signature over Printed Name)

Certified True and Correct:

_____
Schools Division Superintendent (Signature Over Printed Name)